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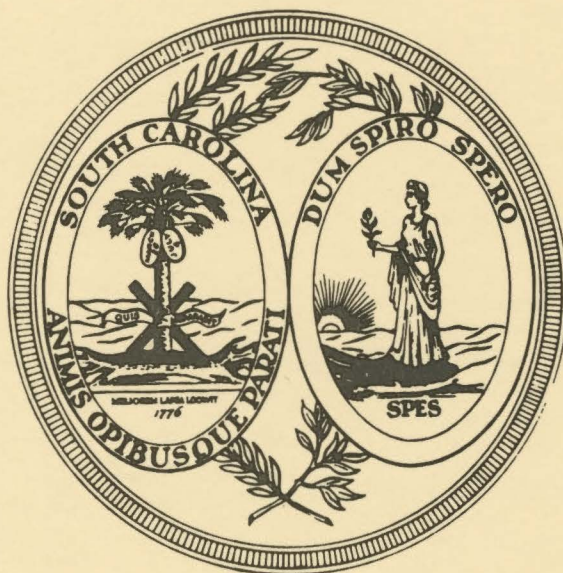
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The State of South Carolina
General Assembly
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Sunset Review of the
Board of Dentistry
July 30, 1980

THE STATE OF SOUTH CAROLINA

GENERAL ASSEMBLY

LEGISLATIVE AUDIT COUNCIL

SUNSET REVIEW OF THE

BOARD OF DENTISTRY

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REPORT SUMMARY

Act 608 of 1978 mandates the establishment of "... A system for the Review, Termination, Continuation or Reestablishment of State Agencies, Boards, Departments and Commissions." This is commonly referred to as the "sunset" act. Under this section of the law, the General Assembly has set up a process for the "systematic review" of certain governmental entities so that it might be in a "better position to evaluate the need for their continuation, reorganization or termination." Section 6 of the Act lists 40 agencies, boards and commissions which are to be reviewed and set termination dates for these entities. The Board of Dentistry is scheduled to terminate on June 30, 1981.

State regulation provides for the examining and licensing of dental professionals as well as the investigation of complaints. The function of the Board is to ensure that qualified dentists, dental hygienists and dental technicians maintain minimum standards of practice, which contribute to the health and safety of the public.

During the review of the Board of Dentistry, the Council noted several areas where improvements are needed. They are detailed as follows:

- A review of the Board's examination process found that improvements are needed in the development of exams, the use of grading criteria and in certain testing practices. If South Carolina joined one of the regional testing services now used by 33 other states, the problems found in these areas could be eliminated (see p. 14).

- The present requirement that dentists and dental hygienists renew their licenses with the clerk of court of the county where they practice is unnecessary and obsolete (see p. 17).
- The Board does not use the procedure of reciprocity to license dentists and dental hygienists moving into South Carolina from other states. These dental professionals must complete the same examination requirements as a new graduate. The Board should, based upon defined criteria, extend licensure by credentials to individuals already licensed in other states (see p. 19).
- The Board should consider the expansion of dental hygienists' functions and the lessening of restrictions on the supervision of dental hygienists in order to increase the availability of dental services in South Carolina (see p. 21).
- There is a need to increase the ability of the Board to investigate complaints. At present the Board employs one part-time investigator. In order to accomplish this function in the most efficient and effective manner, the Board should coordinate its efforts in this area with other medically-oriented Boards (see p. 27).
- There is a need for the Board to establish guidelines upon which to base its disciplinary decisions. While each disciplinary decision must be based on the individual merits of

each case, guidelines are needed governing the range of sanctions to be used for various violations of the Dental Practice Act (see p. 28).

- Membership requirements for the Board do not allow for formal representation by the public, dental hygienists or dental technicians. Section 40-15-20 of the South Carolina Code of Laws should be amended to allow for adequate representation by these groups (see p. 29).
- The Council reviewed the Board's travel and per diem expenditures for FY 78-79 and the first eleven months of FY 79-80 totaling approximately \$32,538. Board policies concerning the collection of travel and per diem are very broad and in need of revision. The State should promulgate specific regulations concerning the use of travel and per diem by members of State Boards and Commissions (see p. 30).
- Professional or continuing education is not required by the Board for relicensure. Since obsolescence can occur rapidly in changing health fields such as dentistry, some states have established such requirements. The Board should study ways of ensuring that professional licensure is indicative of a maintained level of competency (see p. 32).
- The Council found several areas in need of improvement in the administration of the Board. These areas include Board

minutes, property control, maintenance of files and accounting of shared expenses with the Board of Medical Examiners (see p. 34).

Overall, the Council found that improvements are needed in order for the Board to perform its duties in an efficient and effective manner. Areas for improvements, with recommendations, are detailed in the body of this report.

In performing this audit the Council examined Board files, records and memos. Interviews were held with Board members, Board staff and officials from other State agencies. A Board meeting was attended and Board policies, procedures and statutes were also examined. The following report is divided into two sections; Board Review and Sunset Issues and Evaluation.

BOARD REVIEW

Background

The practice of dentistry has been a recognized medical activity since the early years of the Twentieth Century, and is regulated in all fifty States. The South Carolina State Board of Dental Examiners was first authorized by South Carolina Act 683 in 1875. The original law required that five Board members be elected from the membership of the South Carolina Dental Association and, under the purview of the Association, regulate the practice of dentistry in the State. The Board had no authority over auxiliary dental personnel, however, amendments in 1922 extended regulatory powers to include dental hygienists, and in 1946, to include dental technicians. The Board functioned as the Membership Committee of the Dental Association and the two maintained a close connection until 1966, when the Board began to function independently.

The Dental Practice Act of 1968, changed the name of the South Carolina State Board of Dental Examiners to the South Carolina Board of Dentistry, and increased Board membership to six practicing dentists. The term of office was increased from five to six years. One member is elected from each of the six Congressional Districts, by the licensed dentists residing and practicing in that district. Board members cannot have a financial interest in a business which sells dental supplies or be officially connected with a school of dentistry, and cannot serve successive terms.

The purpose of the present legislation is to provide for supervision of the practice of dentistry, dental hygiene, and dental technological work. The Board's goal as stated in its Five-Year-Plan is:

to insure the citizens of South Carolina that competent and qualified dentists, dental hygienists and dental technicians are licensed to provide dental care to the public and to maintain high standards by enforcing the Dental Practice Act as well as to continue to assess additional needs of the public and the dental profession.

Duties imposed by State law upon the Board of Dentistry fall into three categories. First, the Board examines, licenses and reregisters dental professionals regulated in South Carolina. Second, the Board establishes or amends rules and regulations necessary to enforce the Dental Practice Act. Third, the Board receives and investigates complaints and holds disciplinary hearings.

Four groups of dental practitioners in the State are regulated by the Board: dentists, dentists specializing in specific areas recognized by the American Dental Association such as orthodontists, dental hygienists and dental technicians. Dental hygiene practice is distinguished from dental technological work in that the former deals with the cleaning of teeth and preventive dentistry services, while the latter deals with procedures concerning the use of removable dentures and orthodontic appliances. Although dental assistants are not regulated by the Practice Act, the Board has formulated in its Rules and Regulations a list of duties for dental assistants.

Budget and Staff

For the five year period beginning July 1, 1975 and ending June 30, 1980, the Board has collected \$334,891 in revenue and has expended \$287,678 (see Table 1).

TABLE 1
SOUTH CAROLINA BOARD OF DENTISTRY

Statement of Revenue, Expenditures and Appropriations
Five Year Period Ending June 30, 1980

	<u>1975-76</u>	<u>1976-77</u>	<u>1977-78</u>	<u>1978-79</u>	<u>1979-80</u> (Estimated)
<u>Revenue Generated</u>					
Reregistration Fees	\$23,515	\$33,100	\$35,815	\$39,520	\$47,800
Examinations Fees	\$14,250	\$20,580	\$17,060	\$25,955	\$28,000
Late Charges and Miscellaneous	\$ 1,647	\$ 2,520	\$ 1,877	\$ 4,284	\$ 2,200
Balance From Previous Year	\$36,768	(1)	(1)	(1)	(1)
Total Revenue Generated	<u>\$76,180</u>	<u>\$56,200</u>	<u>\$54,752</u>	<u>\$69,759</u>	<u>\$78,000</u>
 <u>Expenditures</u>					
Personal Services	\$10,690	\$ 8,400	\$14,495	\$15,916	\$18,099
Per Diem - 6 Board Members	\$ 9,983	\$ 7,875	\$10,545	\$ 9,660	\$11,200
Travel	\$ 5,729	\$ 9,208	\$ 7,563	\$11,886	\$10,160
Telephone and Telegraph	\$ 1,256	\$ 1,593	\$ 1,357	\$ 4,187	\$ 1,800
Printing, Binding & Advertising	\$ 4,913	\$ 4,629	\$ 4,277	\$ 4,098	\$ 5,200
Utilities	\$ 548	-	-	-	-
Fuel	-	\$ 298	\$ 756	\$ 721	\$ 1,050
Examination Expenses	\$ 5,375	\$ 6,243	\$ 6,006	-	-
Investigation Expenses	\$ 1,942	-	\$ 59	-	-
Dues and Memberships	-	\$ 485	\$ 385	\$ 285	\$ 450
Professional Services	\$ 511	-	-	\$ 2,311	\$ 9,287
Services - Household, Janitorial	-	-	-	\$ 270	\$ 100
Postage	\$ 2,738	\$ 3,093	\$ 2,402	\$ 3,708	\$ 4,000
Office Supplies	\$ 762	\$ 726	-	\$ 154	\$ 200
Supplies - Printing	-	-	-	\$ 2,207	\$ 1,000
Other Supplies	-	\$ 47	\$ 629	\$ 1,558	\$ 500
Office Equipment	\$ 1,326	-	\$ 805	-	-
Library Books, Maps and Files	-	-	-	\$ 45	-
Rent	\$ 2,002	\$ 2,700	\$ 1,850	\$ 3,070	\$ 3,100
Data Processing - State	-	-	\$ 528	\$ 3,600	\$ 3,600
Insurance - Non State	-	\$ 170	\$ 185	\$ 97	\$ 250
Contingencies	\$ 352	-	-	-	-
Repairs	-	\$ 127	\$ 94	\$ 72	\$ 120
Employer Contributions	\$ 1,008	-	\$ 1,816	\$ 2,109	\$ 2,909
Total Expenditures	<u>\$49,355</u>	<u>\$45,594</u>	<u>\$53,750</u>	<u>\$65,954</u>	<u>\$73,025</u>
 <u>State Appropriations</u>					
	-	\$51,450	\$56,623	\$67,258	\$73,025

(1) In 1976, the Board of Dentistry came under the Comptroller General and these balances went into the General Fund.

Source: South Carolina Budget and Control Board.

Major operating expenditures over this five-year period include travel, per diem, examination costs, printing and postage. Travel expenses account for 18% of the Board's total expenditures for FY 78-79. Per diem costs account for 14.6% of the Board's stated expenditures for FY 78-79 and are budgeted to increase to 15.3% of the Board's total expenses for FY 79-80. Staff positions cost the Board of Dentistry \$15,916 in FY 78-79, or 24% of its total expenditures. Examination expenses average approximately 11% of the Board's total expenditures.

The Board shares its offices with the Board of Medical Examiners. These offices are located in a residential-type building in downtown Columbia and are owned and leased to the agency by the Board's Executive Director. This lease arrangement has been approved by the Division of General Services and the Board.

The Board of Dentistry is administered by an Executive Director with five staff employees: a staff assistant, an administrative assistant, a secretary, a special investigator and an accountant. The costs of the salaries of these employees are shared by both the Board of Dentistry and the Board of Medical Examiners. Other full-time Medical Board staff perform occasional functions for the Board of Dentistry. The Board's staff receives approximately 20% of their salary from the Board of Dentistry while the Board of Medical Examiners pays the remaining 80%.

Licensure and Examination Process

The primary function of the South Carolina Board of Dentistry is the examination and licensure of dental professionals, the investigation of complaints and the taking of disciplinary action when needed. The Board currently regulates the profession using two methods; licensure

and registration. Dentists, dental specialists and dental hygienists are licensed while dental technicians are registered. The Board presently regulates over 1,300 dentists, 600 dental hygienists and 100 dental technicians. Table 2 shows the number of licenses issued from 1975-1979.

TABLE 2
NUMBER REGISTERED AND LICENSED FOR
CALENDAR YEARS 1977-1979

<u>Number of Licenses</u> <u>Reregistered</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>
*Dentists	1,149	1,235	1,339
Dental Hygienists	525	565	660
Dental Technicians	96	109	117
 <u>Number of New Licenses</u> <u>Issued</u>			
*Dentists	65	71	65
Dental Hygienists	77	90	90
Dental Technicians	13	12	15

*Includes Dental Specialists

Several criteria must be met by the applicant wishing to become a licensed dentist or dental hygienist. He/she must:

- a. Be a graduate of a dental college or school of dental hygiene accredited by the Commission on Accreditation of the American Dental Association.

- b. Be at least 21 years of age and a citizen of the United States (dental hygienists are exempt from the age limit).
- c. Be of good moral character.
- d. Be examined either orally or in writing or by requiring a practical demonstration of skill, at the discretion of the Board.

Applicants for dental specialty licenses must first be licensed to practice dentistry in the State. Each must pay a fee to the Board and be examined by the Board in a specialty area recognized by the American Dental Association. For those who successfully complete a national certifying Board, a specialty license may be granted without a specialty examination.

Applicants who wish to be registered as dental technicians, must meet criteria b through d and present a high school diploma or its equivalent. Also required is completion of a two-year course of study in a dental technological school acceptable to the Board, or evidence of having worked for three years under direct supervision of a licensed dentist or registered dental technician.

Reregistration of licenses is conducted from October 15 to December 31 of each year. An annual reregistration fee is charged to each person licensed or registered by the Board (see Table 4, p. 14). If reregistration is not completed by the licensee before December 31, a late fee is charged. If not renewed by the next October 1, the license or certificate of registration expires.

The South Carolina Board of Dentistry examines approximately 200 dental professionals annually (see Table 3, p. 13). Examination areas include: general dentistry, dental specialties, dental hygiene and

dental technology. Applicants must meet the requirements outlined in Section 40-15-140 and 40-15-250 of the Dental Practice Act (see p. 9), and must pay an initial testing fee levied by the Board (see Table 4). Applicants for dentistry and dental hygiene exams who have graduated since 1973 must also have passed the National Board Exam, which is a basic science test, in their respective area. Others may, with Board approval, substitute post-graduate training, specialty board exams or teaching experience in place of the National Board requirement.

Candidates must furnish their own patients for the exam, however, the College of Dentistry of the Medical University of South Carolina will assist patients in the correction of any errors made in the treatment of the patient. Examinees must also furnish some equipment for the exam.

Examinations consist of written, laboratory and clinical components, prepared for each examination area by members of the Board. The Dental Practice Act requires that these examinations be based "on subjects and operations pertaining to dentistry, that are regularly taught in such accredited schools." Written exams assess a candidate's knowledge of periodontics and preventive dentistry, oral pathology, occlusion, crown and bridge areas, removable dentures and the Dental Practice Act. Laboratory and clinical aspects of the exam are designed to reflect a candidate's actual clinical expertise. Written, clinical and laboratory sections of the general dentistry exam are weighted, each composing a percentage of the overall grade. Examinations usually are given two times a year, in January and June, at the College of Dentistry, of the Medical University of South Carolina. Generally, a three day period is utilized for examining candidates, with varying time requirements imposed by the specific examination area.

Committees of Board members grade exams for all areas, with the aid of representative dental hygienists and dental technicians. Often past Board members and dental specialists are deputized for this grading purpose. Written exams are graded by the individual Board member or deputy responsible for making up the exam. Clinical and laboratory procedures are observed by two or more examiners. An overall minimum average grade of 75 is required of all candidates in order to pass their exam.

No waiting period is required of the candidate, who wishes due to failure, to be reexamined. Reexaminations may be repeated consecutively without limitation or restriction. Credit towards a reexamination is not given for any portion of the exam which has been passed.

Initial license and exam fees cover examination costs and the first year of licensure (see Table 4). Annual reregistration fees are charged for the renewal of an existing license or registration.

TABLE 3

PASS/FAIL SCHEDULE FOR BOARD OF DENTISTRY EXAMINATIONCALENDAR YEARS 1975-1979GENERAL DENTISTRY EXAMS

year	<u>S. C. Graduates</u>			<u>Out-of-State Graduates</u>		
	<u>Pass</u>	<u>Fail</u>	<u>% Passing</u>	<u>Pass</u>	<u>Fail</u>	<u>% Passing</u>
1975	51	1	98%	18	5	78%
1976	45	7	87%	48	10	83%
1977	56	2	97%	25	10	71%
1978	52	0	100%	24	4	83%
1979	51	0	100%	44	8	85%

DENTAL SPECIALIST EXAMS

Year	<u>S. C. Graduates</u>			<u>Out-of-State Graduates</u>		
	<u>Pass</u>	<u>Fail</u>	<u>% Passing</u>	<u>Pass</u>	<u>Fail</u>	<u>% Passing</u>
1975	7	0	100%	8	0	100%
1976	2	0	100%	13	0	100%
1977	5	0	100%	13	0	100%
1978	1	0	100%	11	0	100%
1979	1	0	100%	9	0	100%

DENTAL HYGIENE EXAMS

Year	<u>S. C. Graduates</u>			<u>Out-of-State Graduates</u>		
	<u>Pass</u>	<u>Fail</u>	<u>% Passing</u>	<u>Pass</u>	<u>Fail</u>	<u>% Passing</u>
1975	40	4	91%	31	1	97%
1976	34	9	79%	34	5	87%
1977	56	7	89%	34	3	92%
1978	53	11	83%	37	4	90%
1979	54	5	92%	41	5	89%

DENTAL TECHNICIAN EXAMS

Year	<u>Pass</u>	<u>Fail</u>	<u>% Passing</u>
1975	5	3	62%
1976	6	8	43%
1977	13	11	54%
1978	12	10	55%
1979	15	5	75%

TABLE 4
FEE SCHEDULE FOR FY 79-80

Licensed Dentists:

Initial License & Exam	\$150.00
Annual Reregistration	\$ 25.00
Late Fee	\$ 50.00

Licensed Dental Specialists:

Initial License & Exam	\$150.00
Annual Reregistration	\$ 30.00
Late Fee	\$ 60.00

Licensed Dental Hygienists:

Initial License & Exam	\$ 75.00
Annual Reregistration	\$ 20.00
Late Fee	\$ 40.00

Registered Dental Technician:

Initial License & Exam	\$150.00
Annual Reregistration	\$ 20.00
Late Fee	\$ 40.00

The Council found several areas in need of change in the licensure and examination process. These are discussed below.

Improvements Needed in Examination Process

A review of the Board's examination process found that improvements are needed in the development of exams, the use of grading criteria and in certain examination practices. Individual Board members and deputies are given the responsibility of designing and administering clinically-oriented written exams. Each has the authority to compose

and maintain the exam which he will administer. There are no standard policies for security and control of these exams. Exams and copies are not maintained in a central file, but are kept by individual Board members.

There are no written exam procedures or grading criteria available for each examiner's use. Grades in clinical areas are arrived at through a numerical average of performance of dental procedures. Although there may be major or minor deficiencies in each area, these are not defined and Board members have not established a formal relationship between deficiencies and their numerical values.

Also, final exam lists, reviewed by Board members during the examination process, contain information which is potentially biasing to examiners. Exam lists contain the following information on each examinee: name, present location, intended location of practice, National Board score and school attended. This information is available for examiners both before and during the exam. In some instances such information is recorded on individual grade sheets used by examiners during the exam.

The development of policies regulating the exam process and total Board oversight of the examination function is necessary if the Board is to continue carrying out its mission objectively and fairly. The availability of a candidate's personal information for use by the examiner may place the Board in an awkward position. Generally accepted examination practices employ the use of blind testing techniques. Personal information on candidates including names, is not available to examiners. Numbers are utilized to identify candidates. In some states candidates are not observed by examiners. Only the work performed on the patient is

reviewed at periodic stages. The implementation of the above criteria by other states has contributed to a minimizing of potential bias.

Also, other states have overcome similar problems by participating in regional dental licensure testing. Since 1969, four regional testing services have been developed which handle the examining of candidates for 33 states. This arrangement also allows states who participate within certain regions to reciprocate the licensure of other member states. Coordination of the examining is done with representatives of all involved states, as is grading of examinations. Standardization of the examination process is maintained, based upon accepted testing techniques.

These regional testing services calibrate examining committees and use test manuals with objective, quantitative standards for arriving at numerical scores for candidates. In this way, individual differences among examiners are minimized and subjectivity is reduced. Fees charged to candidates for this service are equal to those presently charged by the Board and the cost to the Board would be minimal.

The purpose of dental licensure is to protect the public's health and safety by ensuring that those individuals licensed meet certain specific criteria having to do with competency. Improvements in the areas noted will ensure the Board that its examination process continues to be as fair and equitable as possible.

Unnecessary Examination Prerequisites

Some of the State's requirements for examination by the Board of Dentistry have no relation to the practice of dentistry, dental hygiene or dental technological work. Requirements of the Practice Act for

citizenship, and minimum age are unrelated to professional expertise and do not necessarily reflect a practitioner's level of stability or continuity.

The present minimum age of 21 established for dental technicians excludes qualified individuals below that age from registration in South Carolina. Dental hygienists are exempt from the age requirement. A dental technician who has received a high school equivalency diploma could complete the other training requirements before age 21. Currently, although such an individual could work for a dental laboratory, he would be unable to receive a Certificate of Registration in South Carolina.

The major effect of unnecessary or vague examination prerequisites is that the standards they represent do not address adequately the issue of technical competency nor do they significantly upgrade the quality of the dental professionals working in South Carolina.

Unnecessary Post Licensure Requirements

The present requirement which directs that dentists and dental hygienists record their licenses with the clerk of court of the county where they practice is obsolete. This requirement was necessary in the past when regulation of the practitioner was less formal and unlicensed individuals frequently practiced dentistry. Present requirements for registration and reregistration of practitioners with the Board of Dentistry, as well as information available from insurance and other health agencies make registration with the county unnecessary. The maintenance of this section of the Act imposes annoyance and an undue cost to the dentist or dental hygienist licensed in South Carolina.

RECOMMENDATIONS

THE BOARD SHOULD (1) ESTABLISH FORMAL POLICIES AND PROCEDURES FOR THE DEVELOPMENT OF EXAMINATIONS, (2) RETAIN EXAMINATION RECORDS AT THE BOARD'S ADMINISTRATIVE OFFICES, (3) ESTABLISH DEFINED GRADING CRITERIA FOR USE BY EXAMINERS, AND (4) OMIT ALL PERSONAL INFORMATION ON CANDIDATES FROM EXAM LISTS.

THE BOARD SHOULD INVESTIGATE JOINING A REGIONAL TESTING SERVICE WHICH MAINTAINS PROFESSIONALLY ACCEPTABLE STANDARDS AND TECHNIQUES OF EXAMINING CANDIDATES. IN ORDER FOR THE BOARD TO ACCOMPLISH THIS, SECTION 40-15-140 OF THE 1976 SOUTH CAROLINA CODE OF LAWS SHOULD BE AMENDED TO READ "THE BOARD SHALL EXAMINE, OR CAUSE TO BE EXAMINED, FOR COMPETENCY, ELIGIBLE APPLICANTS FOR LICENSURE TO PRACTICE DENTISTRY AND AUXILIARY OCCUPATIONS CURRENTLY REGULATED BY THE BOARD." OTHER SECTIONS OF THE ACT SHOULD BE AMENDED ACCORDINGLY.

SECTION 40-15-140 SHOULD BE REVIEWED AND
THE NON-JOB-RELATED EXAMINATION
PREREQUISITES OF CITIZENSHIP AND MINIMUM
AGE SHOULD BE ELIMINATED.

SECTION 40-15-160 REQUIRING DENTISTS AND
DENTAL HYGIENISTS TO RECORD THEIR LICENSES
WITH THE COUNTY CLERK OF COURT SHOULD BE
ELIMINATED FROM THE DENTAL PRACTICE ACT.

Reciprocity

The Board has issued no licenses through reciprocity and has denied requests from applicants desiring to become licensed in South Carolina by reciprocity. Although the Practice Act allows for reciprocity, the Board has not elected to extend this privilege.

Section 40-15-270 of the Dental Practice Act extends reciprocity to dentists and dental hygienists licensed in other States. Any dentist or dental hygienist who desires to practice in South Carolina may be issued a license without examination if the following criteria are met:

- a. The state where the applicant is presently licensed must have a standard of proficiency equal to that maintained in this State and must permit like privileges to South Carolina licensees.
- b. The applicant must present an original license and certificate from the out-of-state board attesting to the applicant's reputation for honesty, morality and professional ability.
- c. The applicant must have practiced continuously for five years or more preceding the date of application.

The Board does not reciprocate the licensure of individuals licensed in other states, because it feels that examinations administered by other

boards in general, do not ensure proficient practitioners. The Board wishes to personally view the work performance of each candidate. However, members agree that dental professionals in other states are as qualified as those in South Carolina.

A reciprocity policy should reflect a State's attitude toward its need for practitioners, as well as the rights of qualified professionals to move from state to state without reexamination. Confusion may exist concerning definitions of the term reciprocity and endorsement, which are often interchanged. The goal is to allow for the licensing of qualified out-of-state practitioners without examination. Presently 33 states participate in regional clinical dental licensure testing and reciprocate licensure within their individual district and 19 jurisdictions provide for licensing without examination through endorsement or licensing by credentials. Only four states still participate in purely reciprocal agreements with other jurisdictions which allows entry of any applicant from that state.

Both the American Dental Association (ADA) and the Council of State Governments National Task Force on State Dental Policies have endorsed licensing by credentials. The ADA's position is that "an evaluation of a practicing dentist's theoretical knowledge and clinical skill based on his performance record can provide as much protection to the public as would an evaluation based on examination." The Task Force concludes, as well, that the admitting states' sole interests concerning reciprocal licensure should be in determining whether an out-of-state applicant has practiced recently and safely and whether the out-of-state license was issued on similar or greater criteria than the

in-state license. Once these criteria are met, recognition of the out-of-state license should be granted.

RECOMMENDATION

THE BOARD SHOULD EXTEND LICENSURE BY CREDENTIALS TO INDIVIDUALS LICENSED IN OTHER STATES BASED ON DEFINED CRITERIA. IF NECESSARY, THE DENTAL PRACTICE ACT SHOULD BE AMENDED TO SPECIFICALLY ALLOW FOR LICENSURE BY CREDENTIALS.

Supervision of Dental Hygienists' Functions

Many states and jurisdictions are moving toward less restrictive supervision of the dental hygienist. Currently, the most frequently specified type of supervision is indirect supervision of a dental hygienist by the dentist. However, recent changes in public needs and dental hygiene curriculum have led some states to adopt less restrictive rules and supervision.

According to the American Dental Association definition, there are three forms of supervision currently applied to the performance of dental hygiene functions. They are direct, indirect and general. Direct supervision implies that the supervising licensed dentist is present in the room where the task is performed. Indirect supervision, such as South Carolina has adopted, is defined as supervision by a licensed dentist present in the treatment facility. General supervision allows supervision by a licensed dentist responsible for the function performed, but not necessarily present in the treatment facility.

Many states delegate supervision according to the type of function. Presently, 13 states delegate some functions to dental hygienists through general supervision, and increasing numbers of states are permitting dental hygienists to perform expanded functions. These are functions which are considered to be beyond the "traditional" dental hygienist functions. South Carolina permits some few expanded functions to be delegated to dental hygienists but also delegates similar functions to dental assistants, a non-regulated segment of the profession. Dental assistants in South Carolina are permitted to perform at least three procedures that licensed dental hygienists may not perform. These are the placing of matrices, removing of matrices, and placing of temporary restorations. Licensed dental hygienists, who must be graduates of approved dental hygiene programs, are generally more fully trained in the performance of these and other dental auxillary functions.

Over one-half of all the states delegate functions to hygienists that South Carolina does not delegate. Many procedures are taught, but not practiced, in dental hygiene training programs in the State. Others could easily become a part of the curriculum. Instituting new expanded duties for dental hygienists may provide more freedom to the dentist to serve patients quickly and adequately.

In summary, the delegation of expanded duties to properly trained dental hygienists as well as the revision of supervision requirements in South Carolina could expand the usual practice settings of dental hygienists. These may be important considerations to South Carolina where the distribution of professionally active dentists within some counties is as few as one practitioner. The amendment of these provisions would allow a wider segment of the population an opportunity to receive preventive

services and instructions. Such patients as those in nursing homes, elderly shut-ins, and the indigent could receive services otherwise not available, and the public health and welfare would be better served.

RECOMMENDATION

THE BOARD OF DENTISTRY SHOULD STUDY,
ALONG WITH THE HEALTH SERVICE AGENCIES,
THE SOUTH CAROLINA DENTAL ASSOCIATION,
AND THE SOUTH CAROLINA DENTAL HYGIENISTS'
ASSOCIATION, THE NEED FOR EXPANDED DENTAL
SERVICES IN SOUTH CAROLINA. EXPANSION OF
DENTAL HYGIENE FUNCTIONS AND A LESSENING
OF RESTRICTION ON SUPERVISION OF DENTAL
HYGIENISTS SHOULD BOTH BE CONSIDERED AS A
MEANS OF PROVIDING INCREASED DENTAL SERVICES
TO THE PEOPLE OF SOUTH CAROLINA.

Complaints and Disciplinary Action

One of the primary functions of the Board is the handling of complaints and, if necessary, the disciplining of licensees. Statutes concerning complaints are located in Section 40-15-180. The Board receives complaints from several sources including the public, other practitioners and those initiated by the Board itself. When a complaint is received the complainant is sent a complaint form to be filled out and notarized. Upon receipt of the completed form the complaint is sent to the Board President, who approves the investigation.

The Board employs one part-time investigator who looks into allegations, takes statements, gathers records and other evidence and then makes a written report to the Board. Upon hearing this report, the Board decides whether to hold a formal hearing or dismiss the case (usually for lack of evidence or no violation of the practice act). Should a hearing be held, the licensee is notified of the date and the formal charges. At the Board hearing, testimony is taken, evidence submitted, and arguments heard. The accused is permitted to be represented by an attorney. Upon completion of the hearing, the Board deliberates and issues its final order concerning the case.

Board actions are limited by law to either suspending a license for a specified period of time or license revocation. All Board actions may be appealed in court. Section 40-15-190 of the 1976 South Carolina Code of Laws, specifies grounds for license suspension or revocation. They include:

- (1) habitual use of intoxicants or drugs, or affliction with disorders dangerous to the public health or rendering the licensee unfit to practice;
- (2) gross incompetence;
- (3) fraud, unauthorized advertisement or failure to safeguard the patient; and
- (4) conviction of a felony or crime involving narcotics.

From July 1975 to April 1980 the Board received 65 complaints (see Table 6). Of these 65 initial complaints, 43 complainants completed and returned complaint forms. The majority of complaints (45, or 69%) were initiated by the public or dental patients. A significant portion of

complaints (38%) alleged incompetence. There have been four final orders issued by the Board (see Table 5).

TABLE 5
FINAL ACTIONS TAKEN BY THE BOARD OF DENTISTRY
FROM 1976 TO JUNE 1980

<u>Type of Offense</u>	<u>Date of Board Action</u>	<u>Final Order</u>
1. Prescribing Amphetamines	August 1976	Indefinite suspension (license was renewed in 1978).
2. Permitting the Unlicensed Practice of Dentistry	December 1976	3 years' suspension-changed to 1 month suspension and 35 months' probation.
3. Fraud	September 1977	Surrender of license.
4. Fraud	September 1978	Suspension of license for 3 years (license was conditionally reinstated in 1980.)

TABLE 6
SOUTH CAROLINA BOARD OF DENTISTRY STATISTICS ON COMPLAINTS
FOR THE FIVE-YEAR PERIOD ENDING APRIL 1980

	<u>FY</u> <u>75-76</u>	<u>FY</u> <u>76-77</u>	<u>FY</u> <u>77-78</u>	<u>FY</u> <u>78-79</u>	<u>FY</u> <u>79-80</u>	<u>Totals</u>
Total Complaints Received by the Board	9	2	8	25	21	65
<u>Sources of Complaints:</u>						
- Patient	3	1	5	20	16	45
- Dental Association	0	0	0	1	0	1
- Board Member(s)	5	0	0	1	1	7
- Practitioners	0	0	2	1	0	3
- Executive Secretary	0	1	1	2	4	8
- Other	1	0	0	0	0	<u>1</u>
TOTAL						65
<u>Type of Complaints:</u>						
- Incompetence	4	1	3	13	4	25
- Monetary Disputes	0	0	0	1	0	1
- Fraud or Unethical Practice	1	0	1	0	0	2
- Drug & Alcohol Abuse	2	0	0	0	2	4
- Advertising Violation	1	0	0	0	1	2
- Other or Unknown	1	1	4	11	14	<u>31</u>
TOTAL						65

In reviewing the Board's complaints and disciplinary action process, the Council found several areas in need of improvement. These areas are detailed below.

Need for Additional Investigative Capability

At present the Board does not have the ability to fully investigate complaints in a timely manner. The primary reason for this is the limited size of the investigative staff. The Board currently employs one part-time investigator. As seen in Table 6, the number of complaints against dentists has risen rapidly in the past two years. The investigator must spend considerable time in traveling to collect evidence, take statements, and prepare work papers and other documentation.

The investigative function of the Board is one of its most important duties. It is one of the few means of protection the public has after a dentist has been licensed, and should receive the same consideration as the licensure function. According to the Board's investigator, the investigations are six to nine months behind schedule. Time lags of this degree may have significant implications. The ability of the Board to investigate a situation quickly and completely is in the public's interest.

RECOMMENDATION

THE BOARD SHOULD INCREASE ITS CAPABILITY TO INVESTIGATE COMPLAINTS. IN ORDER TO ACCOMPLISH THIS TASK IN THE MOST ECONOMICAL FASHION POSSIBLE, THE BOARD SHOULD CONSIDER COORDINATING ITS EFFORTS IN THIS AREA WITH OTHER MEDICALLY-ORIENTED BOARDS.

Need for Disciplinary Guidelines

The Board needs specific guidelines upon which to base its disciplinary decisions. The Board promulgates standards of conduct and ethics and the Board's statutes are quite specific as to what type of conduct is unacceptable. There are, however, no measurable and specific guidelines or ranges of sanctions to be used in the event that an offense is committed.

While the Board should be allowed to base its decisions on the individual merits of each case, there is a need for some minimal guidelines. A policy based on this consideration would be fair and judicial both from the standpoint of the Board and the accused.

The present lack of guidelines in the disciplinary process could possibly inhibit the effectiveness of Board sanctions. Guidelines would ensure that the public's interest is protected and guarantee that an offending dental professional will be subject to at least minimum penalties in retribution for violations of the Dental Practice Act.

RECOMMENDATION

THE BOARD SHOULD ESTABLISH, THROUGH THE ISSUING OF REGULATIONS, GENERAL GUIDELINES GOVERNING THE RANGE OF SANCTIONS TO BE USED FOR VARIOUS VIOLATIONS OF THE DENTAL PRACTICE ACT.

Board Composition and Public Participation

The membership of the Board of Dentistry allows for neither representation of all segments of the profession it regulates nor public representation. The Board is composed of "six licensed and practicing dentists who reside and practice in South Carolina." There is, at present, no dental hygienist or dental technician, nor is there a public member on the Board. The Board has liaison committees which are assigned to work with the dental hygienist and the dental technician associations.

The Council of State Governments has stated that "any group regulated by a board of dentistry is entitled to a guaranteed representation on the board." They have further stated that effective citizen representation requires more than one public member. Other states have allowed representation of dental hygienists and public members on their boards. Nine states currently allow one or both segments to be represented. The object of placing members of other segments of the dental profession on the Board would be to broaden its overall perspective. A board which is representative of only one perspective or point of view may promote discriminatory and biased policy-making.

The Board does not announce its meetings to the dental professionals it regulates, to their respective associations, or to the public. Except for patients appearing before the Board, the public has not appeared at a Board meeting in the last five years.

RECOMMENDATION

SECTION 40-15-20 OF THE SOUTH CAROLINA CODE SHOULD BE AMENDED TO PROVIDE FOR ADEQUATE REPRESENTATION OF DENTAL HYGIENISTS, DENTAL TECHNICIANS AND THE PUBLIC.

Travel and Per Diem Expenditures

The Council reviewed all Board travel and per diem vouchers for FY 78-79 and the first 11 months of FY 79-80 totaling approximately \$32,538. The Council found the Board's policy concerning the collection of per diem and travel to be very broad and in need of revision. Additionally, improvement is needed in the documentation of travel and per diem payments.

The Board's policy regarding per diem differs from most agencies and regulatory boards in that per diem is paid for board-related work performed at a Board member's office, in addition to regularly scheduled Board meetings. Travel and per diem is also paid for attendance at national and local professional association meetings which do not directly involve the Board's regulatory duties. These policy statements provided to the Council by the Board's director are as follows.

It is the policy of the State Board of Dentistry to reimburse Board members for their Board duties performed from their Congressional District, which include discussions with local dental groups, interviews, complaints, legal matters and numerous telephone calls in all of these areas. Each Board Member receives per diem for one day each month (\$35 per day) for the Board business performed which is usually carried out on Mondays.

Regarding Board members attendance at national and local meetings, the Board feels that knowledge gained at these meetings enhances their expertise in

practice and in the administering and grading of the examinations regarding the practice of dentistry in South Carolina.

One reason for these policies is the lack of specific State regulations and guidelines concerning per diem. State regulations concerning per diem reimbursements only specify who can receive per diem and the amount paid per day (\$35). They do not provide guidance as to under what circumstances per diem should be received, how often it can be collected, or any other details or restrictions.

The Board's per diem expenditures totaling \$9,660 in FY 78-79 (see Table 7) exceed most other regulatory Boards examined by the Council. For example, the seven member Board of Nursing regulates over 20,000 nurses and has annual per diem expenses under \$2,200. The nine member Board of Accountancy annually examines over 600 candidates and had per diem expenditures of \$3,990 in FY 78-79. The South Carolina Insurance Commission spent only \$1,890 in per diem in FY 78-79. In other State agencies, boards and commissions, it is the general practice of Board members to claim per diem in connection with travel which is directly related to Board business, such as official Board meetings and the examination of professional candidates.

TABLE 7
BOARD OF DENTISTRY PER DIEM PAYMENTS FY 78-79

<u>Board Member</u>	<u>Per Diem Total Reimbursements</u>	<u>Equivalent In Days</u>
1	\$1,225	35
2	\$1,155	33
3	\$1,330	38
4	\$3,150	90
5	\$1,155	33
6	\$ 455	13
7	\$1,190	34
Totals	<u>\$9,660</u>	<u>276</u>

In conclusion, there is a need for the Board to document fully travel and per diem expenditures and to revise its current policies to be in line with the practices of other State agencies and boards. There is also a need for additional State regulations and guidelines concerning the appropriate use of per diem and travel expenses.

RECOMMENDATIONS

THE STATE SHOULD PROMULGATE SPECIFIC
REGULATIONS CONCERNING THE USE OF TRAVEL
AND PER DIEM BY MEMBERS OF STATE BOARDS
AND COMMISSIONS.

Professional Education

The Dental Practice Act does not require continuing education as a requirement for license or registration renewal.

In past years, the South Carolina Dental Association has required that members fulfill a minimum of 15 hours per year of continued

education, six of which must be certified by the Dental Association and nine which may be considered "general" hours. A present moratorium on this requirement has reduced the number of hours required to ten hours for calendar year 1980-81. The South Carolina Dental Hygiene Association requires annually 10 hours for members, in a nationally approved program. Approximately 82% of the licensed dentists and 44% of the licensed hygienists living in South Carolina belong to these professional associations. The Dental Hygienist Association returns dues to members who do not fulfill continued education requirements. Courses, seminars, study groups, etc., are readily available to licensed dental professionals in South Carolina.

Obsolescence can occur quickly in changing health fields such as dentistry. The Council of State Governments has concluded that the problem deserves attention since it is related to the need for licensure to reflect a demonstrated level of competency.

Presently six states do have such requirements for relicensure, generally consisting of attendance at lectures or meetings for a specified number of hours. In eight other states, including South Carolina, continued education is required by the dental association to maintain membership in the association. Although many dental professionals participate in some continuing education programs, the public should be assured that professional licensure indicates an awareness of the latest improvements in dental care. A lack of mandatory continuing education requirements could lead to substandard service provided by professionals who are not up-to-date in their field. This would endanger the public's health and welfare.

RECOMMENDATION

THE SOUTH CAROLINA BOARD OF DENTISTRY
SHOULD STUDY METHODS OF ENSURING THAT
LICENSE RENEWAL IS REFLECTIVE OF THE
MAINTENANCE, BY DENTAL PROFESSIONALS, OF
A MINIMUM LEVEL OF COMPETENCY.

Administration

The Council reviewed Board records, files and operational procedures and found that there were several areas in need of improvement. The recording of minutes of all meetings, and actions of the Board should be improved. Also, there is a need for better property control including an accurate inventory account record. The personal property of the building's owner should be clearly delineated from the Board's property. All of the Board's files are not kept in a central location and in many cases are not readily accessible to Board staff. Also, the Board needs a better method of budgeting or differentiating between the cost of personal services, inventory, utility costs and other expenses shared with the Board of Medical Examiners.

RECOMMENDATIONS

THE BOARD SHOULD IMPROVE THE RECORDING
OF BOARD MEETINGS TO MORE ACCURATELY
REFLECT THE BUSINESS CONDUCTED.

THE BOARD SHOULD IMPROVE ITS INVENTORY
CONTROL.

THE BOARD SHOULD MAINTAIN FILES, BOTH
ACTIVE AND INACTIVE, IN ONE CENTRAL
LOCATION, ACCESSIBLE TO STAFF.

THE BOARD SHOULD DEVELOP A DETAILED
METHOD OF CALCULATING AND ALLOCATING
SHARED COSTS WITH THE BOARD OF MEDICAL
EXAMINERS.

SUNSET ISSUES AND EVALUATIONS

Act 608 of 1978, known as the Sunset Law, contains a series of eight issues which must be addressed in the review of each agency. These requirements encompass the areas of efficiency and effectiveness which will help determine the termination, continuation, or reestablishment of the agency and will also supply to the General Assembly an indication of the agency's public responsiveness and regulatory compliance. A summary of these issues and Audit Council's responses are presented in the following section.

- (1) DETERMINE THE AMOUNT OF THE INCREASE OR REDUCTION OF COSTS OF GOODS AND SERVICES CAUSED BY THE ADMINISTERING OF THE PROGRAMS OR FUNCTIONS OF THE AGENCY UNDER REVIEW.

Since the Board does not regulate the fees charged by licensees for their services, it has no direct influence on consumer prices. The cost of dental services to the public is determined by the individual dentist.

- (2) WHAT ECONOMIC, FISCAL AND OTHER IMPACTS WOULD OCCUR IN THE ABSENCE OF THE ADMINISTERING OF THE PROGRAMS OR FUNCTIONS OF THE AGENCY UNDER REVIEW?

The termination of the Board of Dentistry and the elimination of its programs would pose a threat to the public health, safety, and welfare. The public health would be endangered by the

absence of regulations governing the practice of dentistry and auxillary services and if unqualified practitioners were allowed to provide dental services in the State.

Costs to the public would probably increase due to the decrease in quality dental care available from practitioners who enter practice free of educational or licensing restrictions. Substandard treatment would likely lead to additional costs due to the necessity for frequent retreatment of problems not serviced adequately initially.

- (3) DETERMINE THE OVERALL COSTS, INCLUDING MANPOWER, OF THE AGENCY UNDER REVIEW.

In FY 78-79, the Board of Dentistry collected \$69,759 in fees and spent \$65,954 of which \$15,916 (24%) was for personal services. Per diem and travel expenses were \$21,546 or 33% of FY 78-79 total expenditures. The Board has budgeted expenditures of \$73,025 in FY 79-80. A detailed analysis of revenue and expenditures for the five-year period ending June 30, 1980 is presented in Table 1 on page 7.

- (4) EVALUATE THE EFFICIENCY OF THE ADMINISTRATION OF THE PROGRAMS OR FUNCTIONS OF THE AGENCY UNDER REVIEW.

The Audit Council found the Board needs improvements in several administrative areas, including better recording of Board minutes, centralization of files, and a system of cost allocation to equitably divide administrative costs with the Board of Medical

Examiners (see p. 34). In addition, the lack of investigative staff has caused the Board to fall behind in its complaint investigation (see p. 27). Also, the Board needs to revise its travel and per diem policies and improve its documentation of these practices (see p. 30).

- (5) DETERMINE THE EXTENT TO WHICH THE AGENCY UNDER REVIEW HAS ENCOURAGED THE PARTICIPATION OF THE PUBLIC AND, IF APPLICABLE, THE INDUSTRY IT REGULATES.

Except for patients appearing before the Board, the public has not appeared at a Board meeting in the last five years. By statute, there are no provisions for public membership to the Board (see p. 29).

- (6) DETERMINE THE EXTENT TO WHICH THE AGENCY DUPLICATES THE SERVICES, FUNCTIONS AND PROGRAMS ADMINISTERED BY ANY OTHER STATE, FEDERAL OR OTHER AGENCY OR ENTITY.

The Board's functions do not duplicate the service of State or Federal agencies or, other entities. DHEC investigates narcotics violations which may also be addressed by the Board, however, this does not represent a duplication of service.

- (7) EVALUATE THE EFFICIENCY WITH WHICH FORMAL PUBLIC COMPLAINTS FILED WITH THE AGENCY CONCERNING PERSONS OR INDUSTRIES SUBJECT TO THE REGULATION AND ADMINISTRATION OF THE AGENCY UNDER REVIEW HAVE BEEN PROCESSED.

The Board of Dentistry processes public complaints efficiently and fairly. All formal complaints received by the Board receive at least a preliminary investigation to determine if they are valid. The Board keeps files on all public complaints showing whether they were dismissed or fully investigated, and what action was taken upon them (see p. 23.)

- (8) DETERMINE THE EXTENT TO WHICH THE AGENCY UNDER REVIEW HAS COMPLIED WITH ALL APPLICABLE STATE, FEDERAL AND LOCAL STATUTES AND REGULATIONS.

The Board of Dentistry has complied with all applicable State and Federal regulations. However, some of its travel and administrative procedures are in need of improvement (see p. 30).

APPENDIX

APPENDIX 1

DENTAL BOARD COMMENTS

Generally, the summary of the Sunset Issues and Evaluations of the Legislative Audit Council have some constructive criticism.

Prior to this audit the Board had already been working for some time on various areas such as: changing outdated rules; more detailed records; and increasing the Board's capacity for handling complaints, investigations, and final disposition of disciplinary cases.

The Board has been building central files containing more details, as are increasingly required by all of the various state agencies. The reference to per diem has been noted, and better background has been developed to more accurately account for these expenses. These expenses involve interviews, Board meetings and examinations, committee meetings, and many other areas which requires a great deal of the Board members' time in the various areas of the Dental Board's business. The Board members' constant involvement is an obvious service to the public, the dental profession, and the state as a whole, as shown by the productivity reflected in the various charts throughout the report. The results are supported by the high quality of dental care available in the state of South Carolina.

The Board gives thorough unbiased examinations to all qualified applicants. The failure rate is minimal.

In several instances legislative changes that were suggested in the Legislative Audit Council report had been attempted by the Board in the past, but they as yet have not been enacted into law.

The combined efforts with another similar agency provide more hours per week for better service to the public and the profession.

All expenses for this Board are paid from fees received from the members of the dental profession, as required and limited by law.

The past record of the Dental Board, without any major problems, and the continuously increasing licensing of qualified professionals speaks for itself. With limited budget and staff the Board continues to fulfill the purpose for which it was created.